

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 25 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

PLACE OF DEATH

County.....
Township.....
City St. Louis (No. St. Anthony's Hospital)

Registration District No. 701
1003
Primary Registration District No.

File No. 10621
Registered No. 2441
St. Ward)

FULL NAME

Josephine Knittel
(a) Residence, No. 3727 Chippewa St., 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles J. Knittel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 5 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) Feb. 21/34 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Joseph H. Kensing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Meier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Charles J. Knittel (ADDRESS) 3727 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's Church DATE March 12 1934

19. UNDERTAKER Oscar J. Hoffmeyer (ADDRESS) 1216 Chippewa St.

20. FILED 1934 J. H. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 28 1934, to March 9, 1934.

I last saw h.s. alive on March 9, 1934. Death is said to have occurred on the date stated above, at 10 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
Chronic Interstitial Nephritis
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Frank J. Galloway M. D.
(Address) 3600 S. Broadway

Dr Louis Pabberg
3600 So Grand